

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND <span style="float: right; font-size: 1.2em;">10/522333</span>								
1 Date of Request: _____		2 Serial/Patent # _____						
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED					
				6 AMOUNT				
<input checked="" type="checkbox"/> Filing		1/25/05	\$ 100					
<input type="checkbox"/> Amendment			\$					
<input type="checkbox"/> Extension of Time			\$					
<input type="checkbox"/> Notice of Appeal/Appeal			\$					
<input type="checkbox"/> Petition			\$					
<input type="checkbox"/> Issue			\$					
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$					
<input type="checkbox"/> Maintenance			\$					
<input type="checkbox"/> Assignment			\$					
<input type="checkbox"/> Other			\$					
		7 TOTAL AMOUNT OF REFUND						
		\$ 100						
		8 TO BE REFUNDED BY:						
		Treasury Check						
		Credit Deposit A/C #:						
		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>1</td><td>5</td><td>--</td><td>0</td><td>4</td><td>6</td><td>1</td> </tr> </table>		1	5	--	0	4
1	5	--	0	4	6	1		
10 REASON:								
<input checked="" type="checkbox"/> Overpayment								
<input type="checkbox"/> Duplicate Payment								
<input type="checkbox"/> No Fee Due (Explanation):								
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>						
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308-9140</u>						
OFFICE: <u>PT</u>								
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****								
APPROVED: _____		DATE: _____						

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*